

**NEIGHBORS FOR KIDS  
KIDS ZONE SUMMER CAMP  
YOUTH REGISTRATION FORM**  
(One form per child, please)

As custodial parent or legal guardian, I hereby give consent and permission for the Child/children named below to participate in Neighbors For Kids activities.

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Ethnicity: Native American \_\_\_\_; Hispanic/Latino \_\_\_\_; African American; \_\_\_\_ Asian/Indian \_\_\_\_  
Hawaain/Pacific \_\_\_\_; Caucasian \_\_\_\_; Biracial \_\_\_\_; Unreported \_\_\_\_; Special Needs \_\_\_\_  
*(Note: ethnicity requested for some of our grant reporting)*

Phone No. \_\_\_\_\_ Cell phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email (if available): \_\_\_\_\_

Father's Employer name \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Employer name \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_

The following questions are important to determine if a family qualifies for Tier 1 (\$10/day) or Tier 2 (\$5/day):

What is your approximate annual household income? \_\_\_\_ under \$12,000 \_\_\_\_ \$12,000-\$24,000 \_\_\_\_ \$24,000-\$48,000  
\_\_\_\_ \$48,000-60,000 \_\_\_\_ over \$60,000

How many people are in your household? \_\_\_\_ adults \_\_\_\_ youth (under age 18)

Do you receive any of the following state or federal assistance?

\_\_\_\_ TANF \_\_\_\_ Food Stamps \_\_\_\_ ERDC \_\_\_\_ DPU \_\_\_\_ JOBS Childcare \_\_\_\_ Child Welfare  
\_\_\_\_ Free School lunch program \_\_\_\_ Other (please specify):

Days per week child will generally participate in NFK's summer program: M T W TH F

Child's allergies \_\_\_\_\_

Medical Information: Doctor/Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Is child taking medications? Yes \_\_\_ No \_\_\_ Is child self-medicating? Yes \_\_\_ No \_\_\_

*Please make known to the child that medications cannot be shared.*

List two people to contact in addition to parent/guardian in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List names of people permitted to take your child home:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is your child permitted to walk home? Yes \_\_\_ No \_\_\_

*Note that children are not allowed to walk home after dark.*

#### **FIELD TRIPS, SPECIAL EVENTS & PROGRAMS:**

Neighbors For Kids offers specialized programs such as the Summer Program, Academic Tutoring, Rowing Club and Music Lessons. These activities may require trainings, additional registration forms, permission slips or fees. Field Trips and Special Events may also require permission slips or fees. NFK staff will inform you of the details for each event.

#### **NFK VOLUNTEERS:**

**\*\*All NFK Volunteers must pass a Criminal Background Check before working with youth enrolled in our programs.**

**\*\*All NFK Volunteer Drivers are screened volunteers with proof of driver's license, insurance and a safe driving history.**

#### **PHOTO RELEASE STATEMENT:**

Neighbors For Kids depends on donations and grants for its support. Therefore, we occasionally use photos of the children in our brochures and website, grant applications, and local newspapers. I authorize NFK to:

Use my child's photo in promotional material described above \_\_\_ Y/N

Use my child's first name only in promotional material described above \_\_\_ Y/N

Use my child's first and last name in promotional material described above \_\_\_ Y/N

#### **AUTHORIZATION AND RELEASE**

I hereby release and discharge Neighbors For Kids and its volunteers and staff from any claims which I or other representatives of this child might pursue for injuries and damages suffered by my child resulting from my child's failure to obey and cooperate as instructed or as a result of the risks and dangers involved in Neighbors For Kids activities.

In the event that I am not present during this activity and my child needs medical treatment, I hereby consent and authorize an accompanying representative of Neighbors For Kids to permit treatment on my behalf, to transport or acquire emergency transportation to a local hospital and to sign any documents requested by any physician or medical facility to provide treatment. I agree to be responsible for the cost of any medical services and to indemnify Neighbors For Kids for such expense.

Signature of Legal Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_